Prior Authorization Responses

Prior authorization (PA) requests may be returned, approved, modified, or denied by Wisconsin Medicaid.

Prior authorization (PA) requests may be returned, approved, modified, or denied by Wisconsin Medicaid. Providers should review the comments made by the Medicaid nurse consultant on the Prior Authorization Request Form (PA/RF) and take appropriate action. Providers are strongly encouraged to keep the recipient informed throughout the entire PA process.

Returned Prior Authorization Requests or Amendment Requests

A PA or amendment marked "returned" is not denied. There are normally two reasons why a PA is returned to you. Either there is an error on the submitted documentation or the information is incomplete. Prior authorization requests are returned to providers for both clerical and clinical reasons.

Common Clerical Reasons for Returns

Common clerical reasons for the return of PA requests are listed below:

- The recipient's primary diagnosis is missing.
- The required attachments have not been filled out correctly or are not included with PA requests.
- The physician's orders do not list required services in hours per day and days per week.
- The PA/RF request does not match physician's orders.
- The billing provider's name, address, or Wisconsin Medicaid provider number is missing or incorrect.
- The recipient is not eligible for Wisconsin Medicaid on the date Medicaid receives the PA request. Prior authorization is always contingent upon the recipient's eligibility on the date of service. Providers can use eligibility verification methods, such as the Automated Voice Response system, Provider Services, Dial-Up, and other products offered through a commercial eligibility verification vendor (for example, personal computer software or a magnetic stripe reader) to ensure the recipient is eligible for the requested dates of service.
- The recipient's name or the Wisconsin Medicaid identification number on the PA request does not match the name on file for the given Medicaid number. Be sure to use the recipient name and Medicaid identification number exactly as they appear on the Medicaid identification card.

Common Clinical Reasons for Returns

Common clinical reasons for the return of PA requests are listed below:

- Clinical information supplied on the PA attachment was not detailed enough to verify the medical necessity for the requested service.
- Clinical information is outdated.
- There is discrepancy from previous PAs or PAs submitted by other disciplines and providers.

Providers will recognize that a PA has been returned by one of two ways:

- The PA/RF is returned to the provider with the "return" box marked with instructions for the provider.
- The Amendment Request Form is returned with the appropriate return message indicated.

How to Respond to Returned Prior Authorization Requests or Amendments

After receiving a returned PA request, resubmit the original PA request with corrected information. It is important to return the

original PA request with the internal control number/date-stamp as this will allow maximum backdating.

Approved Prior Authorization Requests and Amendments

Providers will recognize that Wisconsin Medicaid has approved a PA if a copy of the PA/RF is returned with:

- The "approved" box marked.
- The grant and expiration dates indicated.
- A dated Medicaid analyst/consultant signature.
- A specific quantity of services indicated.

Prior authorization requests are approved for a specific frequency and duration of the services. Frequency is the number of hours per day, multiplied by the number of days per week. Duration is the number of weeks from the PA grant date through the expiration date. Providers may not use PA services more often than the frequency approved.

Modified Prior Authorization Requests and Amendments

Wisconsin Medicaid modifies PA requests when the requested hours exceed what Medicaid guidelines indicate are medically necessary. Some services may be approved, but at least one service is changed. The change could be for the number of hours per day, the number of days per week, or the level of care granted.

Providers will recognize that Wisconsin Medicaid has modified a PA if a copy of the PA/RF is returned with:

- The "modified" box marked with an explanation.
- The grant and expiration dates indicated.
- A dated Medicaid analyst/consultant signature.
- A specific quantity indicated.

How to Respond to a Modified Prior Authorization Request

If the PA or amendment was modified, the provider should discuss the modifications with the recipient/family and the physician to determine how the authorized hours could be best utilized. If the provider still has questions about a modified PA or amendment request, he or she can:

- Contact Provider Services, which will answer questions or direct providers to a Wisconsin Medicaid professional consultant for further clarification.
- Request reconsideration by submitting an amendment request with additional documentation that supports the original request. The amendment request should be received within 14 calendar days of the adjudication date on the original PA/RF or amendment. If the amendment request is approved, Wisconsin Medicaid will notify the provider of the effective date.
- Assist the recipient in his or her appeal efforts if the recipient elects to appeal the modification. Refer to the Fair Hearing Process portion of this section for more information.

Denied Prior Authorization Requests or Amendments

Wisconsin Medicaid denies personal care PA requests when:

- The services requested do not meet Wisconsin Medicaid PA guidelines.
- The services requested are not Medicaid-covered services under the personal care program.
- The medical necessity for the hours requested is not supported by information submitted in the Home Care Assessment Form.

Providers will recognize that Wisconsin Medicaid has denied a PA request if a carbon copy of the PA/RF is returned with:

Prior authorization requests are approved for a specific frequency and duration of the services.

- The "denied" box marked with an explanation comment or code.
- A dated Medicaid analyst/consultant signature.

How to Respond to a Denied Prior Authorization Request or Amendment

If the PA or amendment was denied, the provider should discuss the denied request with the recipient/family and the physician to determine all alternatives.

If the PA or amendment was denied, the provider should discuss the denied request with the recipient/family and the physician to determine all alternatives. If the provider still has questions about a denied PA or amendment request, he or she can:

- Contact Provider Services, which will answer questions or direct providers to a Medicaid professional consultant for further clarification.
- Request reconsideration by submitting a new PA request including additional documentation to support the request. The new PA should be received within 14 calendar days of the adjudication date of the original PA request or amendment to obtain maximum backdating. If the new PA request is approved, Wisconsin Medicaid will notify the provider of the effective date.
- Assist the recipient in his or her appeal efforts if the recipient elects to appeal the denial. Refer to Fair Hearing Process, below, for more information.

Fair Hearing Process

According to HFS 104.01(5), Wis. Admin. Code, the *recipient* has the right to appeal PA and amendment modifications and denials through the fair hearing process. Recipients are notified in writing by Wisconsin Medicaid of the PA modification or denial, their right to appeal, and an explanation of the appeal process.

Please refer to the All-Provider Handbook for further clarification on appeal procedures.